

## **CONSUMER NOTEBOOK SETUP**

### **A. EMERGENCY INFORMATION**

1. Photograph/Data Sheet
2. Emergency Contact Form
3. Medicaid Information

### **B. ADMISSION INFORMATION**

1. Review of Client Rights
2. Referral and Consent for Admission
3. Guardianship papers and information

### **C. PERSONAL PLAN INFORMATION**

1. Copy of personal plan
2. A signed copy of the Personal Plan services and funding page (completed at initial/annual plan or when modifying a plan)
3. Copies of any changes/modifications to plan via services and funding pages

### **D. PERSONAL PLAN REVIEWS**

1. Copies of all quarterlies completed by the Service Coordinator
2. Copies of all monthlies with required Service Coordinator and provider signatures

### **E. PROGRESS NOTES**

1. Running data sheets to be completed at least daily

### **F. MEDICAL INFORMATION**

1. Doctor Orders
2. Consultation Report and Request
3. Annual physical, to include TB Test & annual adaptive equipment statement
4. Breast exams and pelvic exams
5. Hepatitis Screen
6. Immunization Records
7. Seizure Records
8. Lab Results

G. MEDICATION ADMINISTRATION

1. Medication sheets
2. Medication side effects

H. SPECIALIZED MEDICAL VISITS

1. Dental exam
2. Eye exam
3. Specialist consultation

I. ASSESSMENTS

1. Behavioral assessments
2. School assessments
3. Judevine assessments

J. CORRESPONDENCE

1. Letters from/to guardians
2. Letters from/to school or day program

K. BUDGET